

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576241

FILING DATE

4.13.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	100					
5	000					
6	000					
7	000					
8	000					
9	000					
10	000					
11	000					
12	000					
13	000					
14	000					
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43	000					
44	000					
45	000					
46	000					
47	000					
48	000					
49	000					
50	000					
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		12	←	←	
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						

CBW